PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 09 268254												
CLAIMS AS FILED - PART I (Column 1) (Column 2)							_	MALL E	NTITY	OR	OTHER SMALL	
TO	TAL CLAIMS							RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		[BASIC FE	E 385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			minus 20=		•			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		•		I	X43=		OR	X86=	•
MULTIPLE DEPENDENT CLAIM P			RESENT				Ī	+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2							l	TOTAL		OR	TOTAL	
(Cotumn 1) (Cotumn 2) (Cotumn 3)								SMALL	ENTITY	OR	OTHER SMALL I	
AMENDMENT A	•	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER SUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 5	Minus		0	. —		X\$ 9=		OR	X\$18=	
	Independent	• 3	Minus		3	=	Ī	X43=		OR	X86=	
٨	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
Column 2) (Column 3)								TOTAL ADDIT, FEE OR ADDIT, FEE				
AMENDMENT B	0.00	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 14	Minus	- 0)	= Ø		X\$ 9=		OR	X\$18=	
	Independent	• (B	Minus	***	}	= (/		X43=		OR	X86=	
٧	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENT	CLAIM		'	+145=		OR	+290=	
. ·							Ĺ	TOTAL		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colur	nn 2)	(Column 3)		wyn i fel		-		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGH NUM PREVK PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	1				X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		•		X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=	1	OR	+290=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the "Highest Number Previously Paid For" (N THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" (N THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												
Piston and Trisdensitis Office, U.S. DEPARTMENT OF COMMERCE												

Application or Docket Number